

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06949

CERTIFICATE OF DEATH

Reg. Dist. No.

96

1. PLACE OF DEATH:

County..... CecilCity or town..... Perry Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 mos. 13 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, MarylandHow long in hospital or institution?..... Since September 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Virginia County.....City or town..... Fairfax

(If outside city or town limits, write RURAL and give nearest town)

Street No.

P.O. Box #27

(If rural, give LOCATION)

WW-I

2.(a) If veteran, name war.....

3. (a) FULL NAME

BAKER, Robert Oliver

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

white

Widower

6.(b) Name of husband or wife.....

Nora Mowatt deceased

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

April 27, 1892

8. AGE:

Years

Months

Days

11 less than one day

55

3

14

hrs.

min.

9. Birthplace..... Knoxville, Tenn.

(Town, county, and state)

10. Usual occupation..... Railroad conductor

11. Industry or business

MOTHER FATHER 12. Name..... Robert Thomas Baker - deceased13. Birthplace..... Gates City, Wise County, Va.14. Maiden name..... Frances Bell Naille15. Birthplace..... Knoxville, Tenn.16. Informant..... Hospital RecordsAddress..... VA Hospital, Perry Point, Md.17. Removal..... Aug. 13, 1947

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory..... UnknownLocation..... Pennington & Son18. Funeral director..... PENNINGTON & SONAddress..... Havre de Grace, Md.

19. Aug. 13, 1947

(Date record by registrar)

Irene S. Daugherty

Registrar

3. (b) Social Security Number

Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 11, 1947 at 9:15 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 28, 1947, to August 11, 1947,and that I last saw h. im. alive on August 11, 1947

Immediate cause of death

Pneumonia, bronchial, bilateral DURATION 4-5 daysDue to New growth of the retro-peritoneal lymph nodes, type undeterminedDue to Arteriosclerosis, coronary UNKNOWNOther conditions Arteriosclerosis, coronary UNKNOWN

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

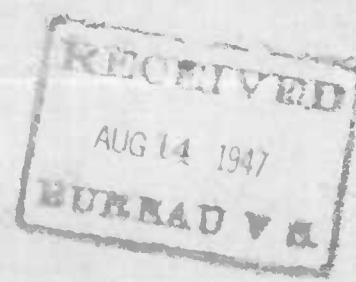
Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work? Medical Examiner

23. SIGNATURE R. C. DODSON, M.D. Coroner M.D. or otherAddress Reedstown, Cecil County Date signed 8/12/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06951

56a

CERTIFICATE OF DEATH

Reg. Dist. No.

96

1. PLACE OF DEATH:

County CecilCity or town Perry Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs. 6 mos. 17 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.

How long in hospital or institution? Unknown - was in pvt. sanatorium previous to admission here

3. (a) FULL NAME

BELCHES, Frances E.

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 21, 1886

8. AGE:

Years

Months

Days

If less than one day

60

9

17

hrs.

min.

9. Birthplace Virginia

(Town, county, and state)

10. Usual occupation Nurse

11. Industry or business

12. Name Richard Belches - deceased13. Birthplace unknown14. Maiden name Frances Burkley - deceased15. Birthplace Unknown16. Informant Hospital records

Address

17. Removal Date thereof Aug. 12, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington National CemeteryLocation Fort Myer, Virginia18. Funeral director PENNINGTON & SONAddress Havre de Grace, Md.19. Aug. 12 1947 Frances E. Belches Registrar

(Date recd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State CouloCity or town Washington, D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6203 Piney Branch Road

(If rural, give LOCATION)

2. (a) If veteran, name war World War I

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8

1947, at 5:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 21, 1942, to August 8, 1947and that I last saw her alive on August 8, 1947Immediate cause of death Embolism, pulmonary, massive

DURATION

1 hr.Due to Thrombophlebitis, left femoral vein

36 days

Due to:

Other conditions:

Ovarian, cystadenoma, right

(Include pregnancy within 3 months of death)

Unknown

Major findings of operations:

Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

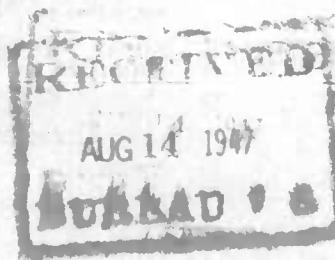
Injured at work?

23. SIGNATURE

A. E. TROLLINGER, M.D., Clinical Director

M.D. or other

Address VAH, Perry Point, Md. Date signed Aug. 12, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

06952

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County..... North East, Cecil Co.

City or town..... Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Infirmary

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Charles E Biddle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

8. (b) Name of husband or wife..... Beatrice S. Biddle

7. Birth date of deceased (mo., day, yr.)

July 22 1867

8. (c) If alive, give age..... years

8. AGE:

Years
80Months
1Days
1

If less than one day

hrs.

min.

9. Birthplace..... North East, Cecil Co, Md.

(Town, county, and state)

10. Usual occupation..... Commercial Fisherman

11. Industry or business

12. Name..... Isiah Biddle

13. Birthplace..... Newark Del

14. Maiden name..... Sarah C. Pierce

15. Birthplace..... North East Md

16. Informant..... Beatrice S. Biddle

Address..... North East Md

17. Burial..... Burial
(Burial, cremation, or removal, Which?)Date thereof..... Aug 27 1947
(month) (day) (year)

Cemetery or crematory..... Methodist

Location..... North East Md

18. Funeral director..... Joseph A. Grant

Address..... North East Md

19. P-27..... 1947..... Lydia S. Clegg

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md

County..... Cecil

City or town..... North East

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 23 - 1947, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 23, 1947 to Aug 23, 1947

and that I last saw him alive on Aug 23, 1947

Immediate cause of death.....

Coronary Thrombosis

DURATION

15 hours

Due to..... Cerebral Vasculitis

SECONDARY

Renal Disease

SECONDARY

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

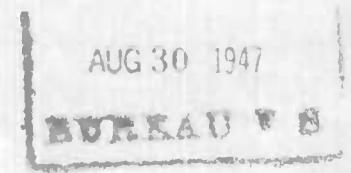
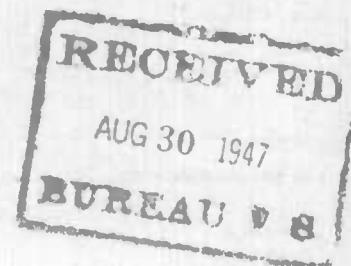
23. SIGNATURE.....

D. A. Campbell, M.D.

M. D. or other

Aug 23, 1947, W. T. C. Date signed

Address.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06950

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

20 days

Hospital, Institution, or street address where death occurred:

Union Hospital

How long in hospital or institution?.....

20 days

3. (a) FULL NAME

Oliver S. Bolton

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Oct. 8, 1866

8. (c) If alive, give age.....

years

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace.....

(Town, county, and state)

Lis. Maryland

10. Usual occupation.....

Retired Farmer

11. Industry or business.....

George Bolton

12. Name.....

FATHER

George Bolton

13. Birthplace.....

Md.

14. Maiden name.....

Beretta Bailey

15. Birthplace.....

Md.

16. Informant.....

Mr. Vernon Smith

Address

Rural Carrollton Md

17. Burial.....

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Interstate Cem.

Location.....

Md. Carrollton Md

18. Funeral director.....

Edward Fellow

Address

Millington Md

19. Aug 21, 1947

(Date rec'd by registrar)

F. R. Fraser

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State.....

Md.

County.....

Carroll

City or town.....

Rural Carrollton

Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

1400

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

more

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

August 20, 1947, at 7:20 AM

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Baltimore 14, 1947, to Aug 20, 1947

and that I last saw him alive on Aug 19, 1947

Immediate cause of death.....

Sensitivity

Due to.....

Frothous hip.

Due to.....

Fever

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Dec 13, 1946

Where did injury occur?.....

(City or town) Carroll

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Fall - house

Injured at work? No

23. SIGNATURE.....

Henry Davis MD

M. D. or other

Address: Chesapeake City Md

Date signed

8/20/47

RECEIVED

AUG 25 1947

BUREAU F B I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06953

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M MARGIN RESERVED FOR BINDING
I PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County CECIL

City or town PERRY POINT, MARYLAND

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 1 mo. 13 days.

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.

How long in hospital or institution? Same as above

3. (a) FULL NAME

BRITTINGHAM, Samuel

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Negro

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 30, 1895

8. AGE:

Years

Months

Days

If less than one day

52

3

2

hrs.

min.

9. Birthplace

Crisfield, Md.

(Town, county, and state)

10. Usual occupation

Unknown

11. Industry or business

MOTHER FATHER

12. Name Joseph H. Brittingham Deceased

13. Birthplace Pokomoke, Maryland

MOTHER FATHER

14. Maiden name Lillie M. Stevens Deceased

15. Birthplace Crisfield, Md.

16. Informant Hospital Records

Address VA Hospital, Perry Point, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 4, 1947

(month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location

Crisfield, Maryland

18. Funeral director

CHARLES WARD

Address

Marion Station, Maryland

19. Aug. 1, 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Somerset

City or town

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

WW-I

2. (a) If veteran, name war

3. (b) Social Security Number

Unknown

MEDICAL CERTIFICATION

2D. DATE OF DEATH

August 1, 1947, at 2:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19, 1944, to August 1, 1947,

and that I last saw him alive on August 1, 1947.

Immediate cause of death

Pneumonia, bronchial

DURATION

6 days

Due to

Due to

Other conditions

General paralysis of the Insane

(Include pregnancy within 3 months of death)

Unknown

Major findings of operations

Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

--

Means of injury

Injured at work?

23. SIGNATURE

A. E. TROLLINGER, M.D., Clinical Director

Address VA Hospital, Perry Point, Md.

Date signed Aug. 1, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

06954

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
 County Carroll
 City or town Blue Ball - North Carroll
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Carroll
 City or town Blue Ball - North Carroll
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) Is veteran, name war...

3. (a) FULL NAME Daisy Adella Brown
 4. Sex F 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Joseph Brown
 7. Birth date of deceased (mo., day, yr.) Dec. 4 1882 6.(c) If alive, give age 53 years
 8. AGE: Years 54 Months 7 Days 30 If less than one day
 hrs. min.
 9. Birthplace Ellston Md.
 (Town, county, and state)
 10. Usual occupation Hom.

11. Industry or business John Morgan
 MOTHER FATHER
 12. Name John Morgan
 13. Birthplace Glasgow Scot.
 14. Maiden name Margaret Hammond
 15. Birthplace Ellston Pa.
 16. Informant Adella Brown
 Address Ellston Rd 4

17. Burial Burial Date thereof Aug. 7 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery
 Location Cedar Hill Md.
 18. Funeral director Edward G. Gell
 Address 907 Poplar St. Wilkins
 19. Date rec'd by registrar Aug. 7 1947 H. Fraser Registrar

3. (b) Social Security Number
 MEDICAL CERTIFICATION
 2D. DATE OF DEATH Aug 3 1947 30
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19. . to. 19.
 and that I last saw h. alive on 19.
 Immediate cause of death Edema myocarditis
 Due to Edema myocarditis
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of.
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury
 Injured at work?
 Medical Examiner
 23. SIGNATURE W. E. Dodson M.D.
 Address Carrollton Md. Cecil County
 M. D. or other
 Date signed Aug 3-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06955

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

9C

1. PLACE OF DEATH:

County

Cecil

City or town

Calvert

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

7 mo.

Hospital, institution, or street address where death occurred:

Hospital Hospital

How long in hospital or institution?

7 mo.

3. (a) FULL NAME

Ida May Cooper

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife

James Cooper (deceased)

7. Birth date of deceased (mo., day, yr.)

2/24/1864

8. AGE:

Years

Months

Days

If less than one day

83

6

4

hrs.

min.

9. Birthplace

Cecil Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Washington Alabander

12. Name

Cecil Co.

13. Birthplace

Cecil Co.

14. Maiden name

Elizabeth Benjamin

15. Birthplace

Cecil Co. Md.

16. Informant

Mrs. Ella Evans

Address

67 Marlins Lane, Yardsville N.J.

17. Burial

Cemetery or crematory

Angel Hill

Location

House de Beau

18. Funeral director

Cunningham & Son

Address

House de Beau, Md.

19. Date

Aug 9 1947

Date signed by registrar

Diana E. Daugherty

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Cecil

City or town

Calvert

(If outside city or town limits, write RURAL and give nearest town)

Street No.

—

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

8-6

1947 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1

1947 to Aug 6

1947

and that I last saw him alive on Aug 4

1947

Immediate cause of death

Cerebral Vascular

Accident

Gastro-Intestinal

Hyper-tension

Due to

Slight stroke

3 months

ago

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

M. D. or other

Address

John D. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed

8-6-47

Diana E. Daugherty

Registrar

Diana E. Daugherty

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

06956

CERTIFICATE OF DEATH

Reg. Dist. No.

96

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Port Deposit Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... About 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Eleanor S. Craig

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... August 6, 1874
 6. (c) If alive, give age..... years

8. AGE: Years..... 73 Months..... 0 Days..... 23 If less than one day
 hrs..... min.....

9. Birthplace..... Columbia, Lancaster Co., Pa.
 (Town, county, and state)

10. Usual occupation..... None

11. Industry or business

MOTHER FATHER
 12. Name..... Dr. Alexander Craig
 13. Birthplace..... Westmoreland Co., Pa.

MOTHER
 14. Maiden name..... Eleanor M. Righter
 15. Birthplace..... Lancaster Co., Pa.

16. Informant..... Florence B. Craig
 Address..... Port Deposit, Md. Rural

17. Date thereof..... Sept 1, 1947
 (Burial, cremation, or removal. Which?)
 Cemetery or crematory..... Green Mount

Location..... Baltimore, Md.
 18. Funeral director..... Ray A. Patterson
 Address..... Perryville, Md.

19. Date reg'd by registrar..... Aug 30, 1947
 (Date reg'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Pennsylvania County..... Lancaster
 City or town..... Columbia

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 29th, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 21, 1947 to August 30, 1947
 and that I last saw her alive on August 26, 1947

Immediate cause of death.....

George Vascular
Heart Disease

Due to.....

Due to.....

Other conditions.....

Hypertension 10 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

J. J. Magruder
 M. D. or other.....
 Address..... Perryville, Md. Date signed..... Aug 30, 1947

RECEIVED

SEP 2 1947

BUREAU U S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06957

158

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil

County

Elkton

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 hours

Hospital, institution, or street address where death occurred:

102 Stollings Woods Manor

How long in hospital or institution?

3. (a) FULL NAME

John Ellwood

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

August 7, 1907

years

8. AGE: Years

Months

Days

If less than one day

0 12 5 min.

9. Birthplace

Elkton, Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

James Ellwood

13. Birthplace

Cecil Co., Md

MOTHER

14. Maiden name

Catherine Farnan

15. Birthplace

Pennsylvania

16. Informant

Mrs. Catherine Ellwood

Address

Elkton, Md

17. Burial

Cremation

(Burial, cremation, or removal. Which?)

Date thereof Aug 9, 1947
(month) (day) (year)

Cemetery or crematory

Catholic cemetery

Location

Elkton, Md

18. Funeral director

70 W. Poplar

Address

Elkton, Md

19. Date rec'd by registrar

Aug 9, 1947H. H. Frager

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Cecil

City or town

Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 7 1947, to August 7 1947and that I last saw him alive on August 7 1947

Immediate cause of death

Cardiac Failure

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James L. Johnson, M.D.

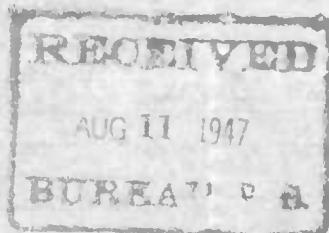
M. D. or other

222 High St. Elkton, MdDate signed Aug 10, 1947

100-1439-30 TENNESSEE STATE QUARTER

RECEIVED TO TRADITION

RECEIVED BY MAIL



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06958

91

CERTIFICATE OF DEATH

Reg. Dist. No.

50

1. PLACE OF DEATH:

County

Chesapeake City and
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male White

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 23 1963

8. (c) If alive, give age years

8. AGE:

Years 84 Months Days

If less than one day

hrs. min.

9. Birthplace

and (Town, county, and state)

10. Usual occupation

House work

11. Industry or business

John T. Wilson

12. Name

John T. Wilson

and

13. Birthplace

Mary E. Woodland

14. Maiden name

Mary E. Woodland

15. Birthplace

and

16. Informant

Howard Williams

Address

Chesapeake City and

17. Burial, cremation, or removal, which?

Johnstown Cem. Date thereof Aug 31, 1947

(month) (day) (year)

Cemetery or crematory

Johnstown Cemetery

Location

near Fairville and

18. Funeral director

John T. Wilson

Address

Towson and Del.

19. (Date rec'd by registrar)

August 31, 1947 Mrs. Barbara H. Miller

Registrar

VS A15 9-4-15-4

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

and County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 28 1947 at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug 1 1947 to Aug 29 1947

and that I last saw h. in alive on Aug 28 1947

Immediate cause of death

Carcinoma of breast (left) DURATION 3 years

Carcinoma of face 4 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

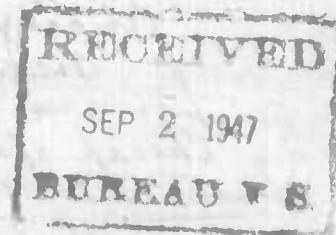
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. J. Morris M.D. M. D. or other

Address Chesapeake City and Date signed 8/30/47



Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06959

Mon. G 11 SEP 8 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 92

131a

1. PLACE OF DEATH:

County

Cecil

City or town

Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 days

Hospital, Institution, or street address where death occurred:

Unmore Hospital, Elkton, Md

How long in hospital or institution?

13 weeks

3. (a) FULL NAME

Clara Bertha Gordon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

colored

Single

6. (b) Name of husband or wife

None

7. Birth date of

deceased (mo., day, yr.)

Dec. 18, 1872

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

75 74

8

4

hrs. min.

9. Birthplace

Elkton Md

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

George Gordon

12. Name

Elkton Md

13. Birthplace

Sarah McCabe

MOTHER

Elkton Md

14. Maiden name

Matilda Boardly

15. Birthplace

Elkton Md

16. Informant

Providence Cemetery

Address

119 Booth St, Elkton, Md

17. (a) Burial

(Burial, cremation, or removal. Which?)

Aug. 25, 1947

Date thereof (month) (day) (year)

Cemetery or crematory

Elkton Md

Location

Elkton Md

18. Funeral director

Elmer Bell

Address

909 Poplar St, Elkton, Md

19. (a) Date rec'd by registrar

Aug. 25, 1947

1947

(Date rec'd by registrar)

J. R. Fraser

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Cecil

City or town

Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

201 East High St

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 22 1947 at 2:50 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 22 1947 to August 22 1947

and that I last saw her alive on August 22 1947

Immediate cause of death

Cerebral hemorrhage

Due to Arteriosclerosis, hypertension,

Cardio-vascular, the disease

Due to

Other conditions Acute peritonitis, right, 1 week.

Cause unknown.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

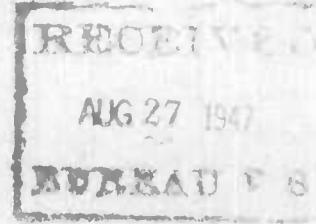
23. SIGNATURE

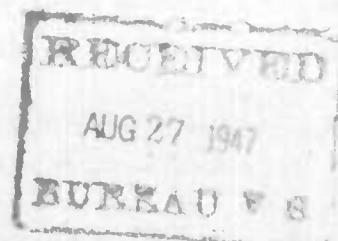
S. Ralph Andrew, Jr.

M. D. or other

Address 233 E. Main St, Elkton, Md.

Date signed 8/23/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06964

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil
County.....

City or town..... Elkton, Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Union Hospital

How long in hospital or institution? 5 days

3. (a) FULL NAME

J. Henry Hartnett

4. Sex M. 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) October 3, 1873 6. (c) If alive, give age..... years

8. AGE: Years 73 Months 10 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace..... Elkton, Md. (Town, county, and state)

10. Usual occupation..... at Home

11. Industry or business.....

MOTHER FATHER 12. Name..... Michael Hartnett

13. Birthplace..... Ireland

14. Maiden name..... Harriett Cottier

15. Birthplace..... Ireland

16. Informant..... Mrs. Hannah Hartnett

Address..... Howard St Elkton, Md

17. Burial..... Burial Date thereof..... Aug 18, 47 (month) (day) (year)

Cemetery or crematory..... Catholic

Location..... Elkton, Md

18. Funeral director..... Hartmann

Address..... Elkton, Md

19. Date record by registrar..... Aug 18, 1947 Date signed..... Aug 18, 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md. County..... Cecil

City or town..... Elkton. (If outside city or town limits, write RURAL and give nearest town)

Street No..... Howard (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14, 1947 at 5:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11, 1947 to Aug 14, 1947

and that I last saw him alive on Aug 14, 1947

Immediate cause of death.....

Cerebral Hemorrhage

After convalescence

Full term at 15 lb

4 days

4 days

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of..... Aug 14, 1947

Where did injury occur? Home - Elkton Md (City or town) (County) (State)

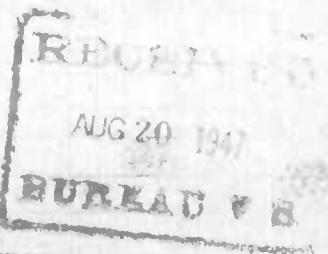
Injured at home, farm, industry, public place (where?) Fall

Means of injury Fall Injured at work?

23. SIGNATURE

Dr. C. D. Dunnett M. D. or other

Address..... North Courtly Date signed..... Aug 15, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06961

96

CERTIFICATE OF DEATH

BC Reg. Dist. No.

1. PLACE OF DEATH:

County **Cecil**City or town **Perry Point, Maryland**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **7 months, 7 29 days**

Hospital, Institution, or street address where death occurred:

V.A.H., Perry Point, Md.How long in hospital or institution? **7 months, 29 days**

3. (a) FULL NAME

John Leonard HOFFMAN Jr.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) **7-15-26**

8. AGE: Years	Months	Days	If less than one day
21	1	10 hrs. min.

9. Birthplace **Baltimore, Maryland**
(Town, county, and state)10. Usual occupation **Unknown**11. Industry or business **Unknown**12. Name **John Leonard Hoffman Sr.**13. Birthplace **Baltimore, Maryland**14. Maiden name **Mary Madkins**15. Birthplace **Cambridge, Maryland**16. Informant **Father and Hospital Records**Address **1510 Battery Ave., Balto., Md.**17. **Reverend** Date thereof **Aug. 26, 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Cedar Hill**Location **Baltimore, Md.**18. Funeral director **J. E. McCully**Address **130 E. 7th Ave. Baltimore 3c**19. Date reg'd by registrar **Aug. 26, 1947**

(Date reg'd by registrar)

Registrar **Irene E. Daugerty**Signature **Irene E. Daugerty**Address **130 E. 7th Ave. Baltimore 3c**Date signed **Aug. 25, 1947**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Baltimore**City or town **Baltimore** (If outside city or town limits, write RURAL and give nearest town)Street No. **225 E. Heath Street**

(If rural, give LOCATION)

2. (a) If veteran, name war **World War II**

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **August 25, 1947** 19..... 19..... 4:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., 19..... 19....., 19.....

and that I last saw him alive on 19....., 19..... 19.....

Immediate cause of death **Drowning**

DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results **No abnormalities found**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Suicide** Date of **Aug. 25, 1947**Where did injury occur? **V.A.H., Perry Point, Md.** (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Medical Examiner

for **Cecil County**

M. D. or other

Date signed **Aug. 25, 1947**

RECEIVED

AUG 28 1947

BUREAU C 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06962

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Sgt.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Elkton, Md.

How long in hospital or institution?

3. (a) FULL NAME

Mabel Holmes.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F. wh. Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1924

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

11 less than one day

23

6

0

hrs. min.

9. Birthplace.....

Elkton, Md.

(Town, county, and state)

10. Usual occupation.....

at Home

11. Industry or business

12. Name.....

Grocer Holmes

13. Birthplace.....

Elkton, R.D. Md.

14. Maiden name.....

Connie Rothwell

15. Birthplace.....

Elkton, Md.

16. Informant.....

Mrs. Connie Holmes

Address.....

Elkton, R.D. Md.

17. Burial.....

Burial.

Date thereof..... Aug. 22/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Elkton

Location.....

Elkton, Md.

18. Funeral director.....

H.W. Pippin

Address.....

Elkton, Md.

19. (Date rec'd by registrar)

Aug. 21, 1947

H. R. Fraser

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

County..... Cecil

City or town.....

Panamint, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Elkton, R.D.

(If rural, give LOCATION)

2.(c) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

August 19, 1947, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 19, 1940, to Aug. 19, 1947,

and that I last saw her alive on Aug. 19, 1947.

Immediate cause of death.....

Paroxysmal T.B. about

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

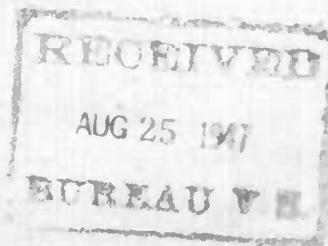
23. SIGNATURE.....

J.W. Pippin, Jr.

M. D. or other

Address..... Elkton, Md.

Date signed.....



STATE OF MARYLAND—CERTIFICATE OF DEATH 06963

MARGIN RESERVED FOR BINDING

N. B.—WRITE FLAKILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County.

Village or City.

Length of residence in city or town where death occurred.

75 yrs.

6 mos.

6 ds.

How long in U. S. if of foreign birth?

0 yrs.

0 mos.

0 ds.

Registration Dist. No.

St.

Ward

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Feb 27-1872

7. AGE

Years
75Months
5Days
29If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Cecil County
Md.

13. NAME

William R. Holt

14. BIRTHPLACE (city or town)
(State or country)Cecil County
Md.

15. MAIDEN NAME

Lydia L. Harlan

16. BIRTHPLACE (city or town)
(State or country)Cecil Co.
Md.17. INFORMANT
(Address)Mrs. Howard M. Jones
Childs - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Elkton Cemt., Date: Aug 27, 1947

19. UNDERTAKER
(Address)H. L. Johnson
Elkton, Md.

20. FILED

Aug 25, 1947

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 24-

(Month)

(Day)

1947
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

February 1, 1947, to Aug 24, 1947

I last saw him alive on Aug 23, 1947, death is said to have occurred on the date stated above, at 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Lymphatic Leukemia
Date of onset: 8mos

Other Contributory Causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Date of onset

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED

AUG 27 1941

BREAUX

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06965

CERTIFICATE OF DEATH

Reg. Diat. No. 94a 95

1. PLACE OF DEATH:

County

Cecil

City or town

Rising Sun

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

J. Otis Kennard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Anna Kennard

7. Birth date of deceased (mo., day, yr.)

Feb. 11, 1870

6. (c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

77

6

14

hrs.

min.

9. Birthplace

Colona, Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

Jacob Kennard

12. Name

13. Birthplace

Paradise, Pa.

14. Maiden name

15. Birthplace

Hannah Griffith

Liberty Grove, Md.

16. Informant

Address

Mrs. Anna Frank Kennard

Rising Sun, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 28, 1947

Cemetery or crematory

West Nottingham

Location

Colona, Md.

18. Funeral director

Address

J. E. Tyson

Rising Sun, Md.

19. (To be filled by registrar)

1947

Aug. 26, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Cecil

City or town

Rising Sun

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25, 1947, at 13:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 1, 1947, to Aug. 25, 1947

and that I last saw him alive on Aug. 26, 1947

Immediate cause of death

acute coronary disease

DURATION

Due to

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

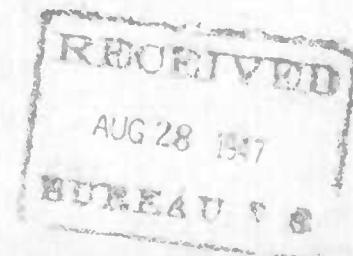
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

86966

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County **Cecil**City or town **Perry Point, Maryland**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **9 yrs. 1 mo. 25 days**

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution? **Since July 8, 1937**

3. (a) FULL NAME

McARTHUR, James H.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife **Unknown**

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec. 10, 1873

8. AGE:

Years **73**Months **7**Days **22**

It less than one day

hrs. min.

9. Birthplace

Elgin, Ill.

(Town, county, and state)

10. Usual occupation

Clergyman

11. Industry or business

12. Name **James M cArthur - deceased**13. Birthplace **Illinois**14. Maiden name **Eliza Jane McArthur - deceased**15. Birthplace **Unknown**16. Informant **Hospital Records**

Address

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof **Aug. 5, 1947**

(month) (day) (year)

Baltimore National Cemetery

Cemetery or crematory

Location **Baltimore, Maryland**18. Funeral director **PENNINGTON & SON**Address **Havre de Grace, Md.**19. (Date rec'd by registrar) **Aug. 5, 1947****June E. Shand**

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **New York** CountyCity or town **Rockville Center**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **59 Princeton Avenue**

(If rural, give LOCATION)

2.(a) If veteran, name war **W.W.I**

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH **August 2, 1947**at **11:05 AM**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 7, 1938, to **August 2, 1947**,and that I last saw him alive on **August 2, 1947**,

Immediate cause of death

Acute massive collapse, left lung **10 days**Pleurisy, sero-fibrinous, with effu- **2-3 weeks**Pneumonia, bronchial, ^{slight} left **1 week**Ileus paralyticus **24 hrs.**

XDXK

Other conditions **Arteriosclerosis, general-**

ized

Unknown

(Include pregnancy within 3 months of death)

Major findings of operations **--**

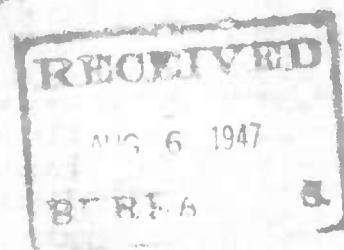
Date of op.

Autopsy results **Same as above**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **--** Date ofWhere did injury occur? **--** (City or town) (County) (State)Injured at home, farm, industry, public place (where?) **--**Means of injury **--** Injured at work?23. SIGNATURE **A. E. Trolling** M. D. or otherAddress **VAH Perry Point, Md.** Date signed **8-4-47**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 89

66967

1. PLACE OF DEATH:

County CecilCity or town Quar. Cecilton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

3. (a) FULL NAME

Marie A. Brown

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

B (b) Name of husband or wife

B (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June, 2nd 1872

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Del

(Town, county, and state)

10. Usual occupation

Retired Chief Engineer

11. Industry or business

Mathew Brown

12. Name

Mathew Brown

13. Birthplace

Beth. Millington, Md.

14. Maiden name

Eliza Jane Delmar

15. Birthplace

Del

16. Informant

Mrs. Ethel Austin

Address

Cecilton andBurialDate thereof 8/19/47

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Bethel CemeteryLocation near Chesapeake City, Md.18. Funeral director G. Lester TandyAddress Tidewater Del.19. Aug. 17 1947 Mrs. Harold W. Cheyney

(Date read by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Del

County

City or town Phila

Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 14 1947 at 6:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Decatur Aug 14 1947 to Aug 14 1947and that I last saw him alive on Aug 14 1947

Immediate cause of death

Stroke

DURATION

40 days

Due to

Stroke by petechia

Due to

Cardioembolic10 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. J. Davis M.D.

M. D. or other

Address

Chesapeake City, Md.

Date signed

8/14/47

RECEIVED

AUG 19 1947

BUREAU F B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06968

CERTIFICATE OF DEATH

136
Reg. Dist. No. 96

1. PLACE OF DEATH:

CECIL
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Perry Point, Maryland

How long in above place of death? 8 yrs. 6 mos. 29 das.

Hospital, institution, or street address where death occurred:

VAH, Perry Point, Maryland

12 years

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County..... Baltimore

City or town..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3211 Elmley Ave.,

(If rural, give LOCATION)

World War I

2.(a) If veteran, name war.

3. (a) FULL NAME

JERE NACE NICHOLS

3. (b) Social Security Number

Unknown

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Anna Pletzer Nichols -

Deceased

7. Birth date of deceased (mo., day, yr.)

April 3, 1898

6.(c) If alive, give age

2D. DATE OF DEATH

August 10 1947

at 5:25 P.M.

8. AGE:

Years 49 Months 4 Days 7 If less than one day hrs. min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Unknown

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Hospital Records

Address

VAH, Perry Point, Md.

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 13 1947

(month) (day) (year)

Cemetery or crematory

Baltimore National Cemetery

Location

Baltimore, Maryland

E. WILLIS LAMOREAU S. L.

18. Funeral director

E. WILLIS LAMOREAU

Address

4510 Liberty Heights Ave., Balto., Md.

19. Aug. 11 1947

(Date rec'd by registrar)

Irene E. Daugherty

Registrar

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 11 1939 to August 10 1947

and that I last saw him alive on August 10, 1947

Immediate cause of death

Tuberculosis, pulmonary, far advanced, chronic, active

Since 1922

Due to

Due to

Other conditions

Psychosis-intoxication, Korsakow's

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Date of

Means of injury

Injured at work?

23. SIGNATURE

A. E. TROLLINGER, M.D., Clinical Director

M.D., Mother

Address VAH, Perry Point, Md.

Date signed 8-11-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06969

CERTIFICATE OF DEATH

Reg. Dist. No. 92

93d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15

1. PLACE OF DEATH: Cecil
 County Cecil
 City or town Cecil (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mo
 Hospital, institution, or street address where death occurred: Grayson Nursing Home
 How long in hospital or institution? 4 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Cecil
 City or town Chesapeake City (If outside city or town limits, write RURAL and give nearest town)
 Street No. Md (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Julia May Peterson

3. (b) Social Security Number

4. Sex F 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife George Peterson

7. Birth date of deceased (mo., day, yr.) May 22, 1869 6.(c) If alive, give age _____ years

8. AGE: Years 78 Months 3 Days 1 If less than one day _____

9. Birthplace Chestertown, Md. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name George Hurst - (over)

MOTHER 13. Birthplace Maryland

14. Maiden name Eliza Rose

15. Birthplace _____

16. Informant Culture Office

Address Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Aug 26/47 (month) (day) (year)

Cemetery or crematory Bethel

Location New Chesapeake City, Md

18. Funeral director Holtspeier F

Address Elkton, Md.

19. Cec 25 1947

(Date rec'd by registrar) FR Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1947 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1947 to Aug 23 1947

and that I last saw her alive on 8-22 1947

Immediate cause of death Py/monary Embolus DURATION

Due to Ser. I. & Hypertension

Due to Cardiovascular Disease

Due to (Heart attack & a. s. for)

Other conditions Bad Rank

Other conditions old fracture left upper

jaw

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

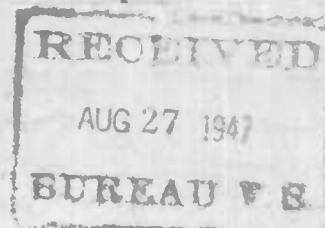
Injured at home, farm, industry, public place (where?) _____

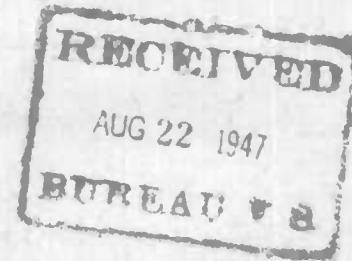
Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Richards, M.D. M. D. or other

Address 807 Airport Rd Date signed 8-23-47

According to Mr Peterson, Mrs Peterson was taken at the age of four by Mr and Mrs George E. Hertt but was never legally adopted by them. He thinks Mrs Peterson's father's name was Greenfield.





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06971

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

County.....

City or town.....

Cecil
Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred: 155 E. Main Street

How long in hospital or institution? _____

3. (a) FULL NAME

William B. Reed

Sex

5. Color or race

Male White Widowed

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife: Fanny May Reed

7. Birth date of deceased (mo., day, yr.)

March 20 1870

6. (c) If alive, give age: — years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Bayview Cecil Md.

(Town, county, and state)

10. Usual occupation.....

Blacksmith

11. Industry or business

12. Name.....

Unknown

13. Birthplace.....

Unknown

14. Maiden name.....

Unknown

15. Birthplace.....

Unknown

16. Informant.....

Mrs. Mary C. Henry

Address

155 E Main St.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof: Aug 19 1947
(month) (day) (year)

Cemetery or crematory

Principio Methodist

Location

Principio Maryland

18. Funeral director

Joseph P. Reed

Address

North East Md

19. (Date read by registrar)

Aug 18 1947

F. F. Fraser

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Cecil

City or town.....

Principio Maryland

Street No.....

R.F.D.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

Not a veteran

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

16 August 1947 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

14 August 1947 to 16 Aug. 1947

and that I last saw him alive on 16 August 1947

Immediate cause of death: coronary thrombosis

DURATION

Due to: hypertension, cardiac vascular disease

Due to: arteriosclerosis

Other conditions: Apoplexy with cerebral and peripheral paralysis
(Include pregnancy within 3 months of death)

Major findings of operations: Fibre

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

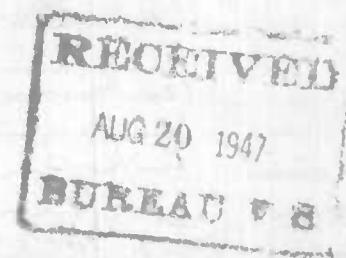
Injured at work?

23. SIGNATURE

George Kneis Jr M.D.

M. D. or other

Address: Elkton Md Date signed 16 Aug 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06972

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 minutes

Hospital, Institution, or street address where death occurred:

Union Hospital, Elkton, Md.

How long in hospital or institution? 15 min.

3. (a) FULL NAME

John Henry Robinson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white

married

6. (b) Name of husband or wife

Amy Robinson

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Nov. 23, 1899

8. AGE:

Years

Months

Days

If less than one day

47

8

19

hrs.

min.

8. Birthplace

Highspire, Pa.

(Town, county, and state)

10. Usual occupation

Electricity manufacturers

Oiler

11. Industry or business

FATHER

12. Name

John Robinson

13. Birthplace

Penn.

14. Maiden name

Emma Fireweaver

15. Birthplace

Penn.

18. Informant

Amy Robinson

Address

Rising Sun, Md.

17. Burial

Date thereof

8-15-1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cemetery

Location

Calvert, Md.

18. Funeral director

Ralph M Reed

Address

Rising Sun, Md.

19. Aug. 14

1947

(Date rec'd by registrar)

J. R. Fraser

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Cecil

City or town Rising Sun

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1 mi. East of Rising Sun

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

164-10-6415

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 12 1947 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

19...

and that I last saw h. alive on

19...

Immediate cause of death

Acute Coronary Disease

Due to

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. E. Jackson

Medical Examiner

Cecil County

M. D. or other

Address

Date signed

Aug 13-47

RECEIVED

AUG 18 1947

THEATRE 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06973

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Cecil
 County: Easton

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 mos

Hospital, Institution, or street address where death occurred: Union Hosp

How long in hospital or institution? 7 mos

3. (a) FULL NAME Earl S. Rutter

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife: _____

7. Birth date of deceased (mo., day, yr.) Aug 17-1907 8. (c) If alive, give age _____ years

8. AGE: 46 Years 9 Months 22 Days 1 less than one day hrs. 0 mts.

9. Birthplace: Perryville - Md (Town, county, and state)

10. Usual occupation: Railroad laborer

11. Industry or business: Harvey S. Rutter

FATHER 12. Name: Harvey S. Rutter

13. Birthplace: Cecil Co - Md

MOTHER 14. Maiden name: Bethel Mae Dougherty

15. Birthplace: Elk Mills - Md

16. Informant: Mrs. Harvey S. Rutter - Mother

Address: Perryville - Md

17. Burial: Asbury Date thereof: Aug 11, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Asbury

Location: Perryville, Md.

18. Funeral director: J. A. Butterfield & Son

Address: Perryville, Md.

19. Date rec'd by registrar: Aug 90 1947

VS A15 9-45-1
 Registrar: J. H. Frazer

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Perryville

City or town: Perryville (If outside city or town limits, write RURAL and give nearest town)

Street No.: _____ (If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8th 1947 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 6th 1947 to Aug 8th 1947 and that I last saw him alive on Aug 8th 1947

Immediate cause of death: Infection - generalized infections
pernicious anemia
pernicious anemia
 Due to: hemolytic anemia

Due to: _____

Other conditions: bedridden with constipation
resulting in protracted test flesh.
 (Include pregnancy within 3 months of death)

Major findings or operations: _____

Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____ Injured at work? _____

23. SIGNATURE: J. H. McKnight M.D. M. D. or other: _____

Address: Easton, Md. Date signed: 8/9/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66974

CERTIFICATE OF DEATH

836
Reg. Dist. No. 96

1. PLACE OF DEATH:

County CecilCity or town Perry Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos. 5 days

Hospital, Institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution? 6 mos. 14 days

3. (a) FULL NAME

SCHNAEBELE, Theodore

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white

Married

6. (b) Name of husband or wife Alice M. Haskinson6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 Months 7 Days 0 If less than one day hrs. min.9. Birthplace Washington, D.C.
(Town, county, and state)10. Usual occupation Unknown

11. Industry or business

12. Name Frederick Jacob Schneebeli deceased13. Birthplace Baden, Germany14. Maiden name Elizabeth Heuser deceased15. Birthplace Elben, Germany16. Informant Hospital RecordsAddress VA Hospital, Perry Point, Md.

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof Aug. 5, 1947
(month) (day) (year)Cemetery or crematory UnknownLocation Washington, D.C.18. Funeral director PENNINGTON & SONAddress Havre de Grace, Md.19. Aug. 5, 1947 Dr. E. Schaebele
(Date registered by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C.

County

City or town Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 609 G. Street, S.E.

(If rural, give LOCATION)

2. (a) If veteran, name war WW-I

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 1947 at 11:1021. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29, 1947, to August 4, 1947and that I last saw him alive on August 4, 1947

Immediate cause of death

Thrombosis, cerebral

DURATION

suddenDue to Hemiplegia, left7 mos.Due to Arteriosclerosis, cerebral7 mos.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ---

Date of

Where did injury occur?

(City or town)

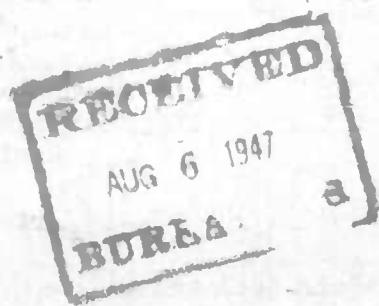
(County)

(State)

Injured at home, farm, industry, public place (where?) ---

Means of injury

---Injured at work? ---23. SIGNATURE J. E. Schaebele
A. E. TROLLINGER, M.D., Clinical Director
M.D. other
Address VAH, Perry Point, Md. Date signed Aug. 5, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46d

CERTIFICATE OF DEATH

Reg. Dist. No. 92

66975

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Union Hosp. - Elkton, Maryland
27 July 47 to 6 Aug '47

How long in hospital or institution?

27 July 47 to 6 Aug '47

3. (a) FULL NAME

Charles F. Smith

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Edna Mae Wheatman
(deceased)7. Birth date of
deceased (mo., day, yr.)

June 4 1887

8. AGE:

Years
60

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Hoboken, New Jersey
(Town, county, and state)

10. Usual occupation

Furniture Repairman

11. Industry or business

Own Upholstery Shop

MOTHER

FATHER

12. Name

Otto Schmidt

13. Birthplace

Germany

14. Maiden name

Emma V. Maher

15. Birthplace

Illinois

16. Informant

Deceased

Address

R.D. #4 Elkton, Maryland

17. Burial

Date thereof Aug 11-47
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Methodist

Location

North East Md

18. Funeral director

Joseph R. Shantz

Address

North East Md

19. Date rec'd by registrar

Aug 11 1947

Date signed

F. H. Frazer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

P

MEDICAL CERTIFICATION

D.S.T.

20. DATE OF DEATH

6 August 1947 at 8:48 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947 to 6 August 1947
and that I last saw him alive on 6 August 1947

Immediate cause of death

Peritonitis, acute

DURATION

3 days

Due to Adenocarcinoma of the
recto-sigmoid colon

1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Adenocarcinoma of the
recto-sigmoid

Date of op. 30 July 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Klaus H. Huelser M.D.

M. D. or other

Address North East Md Date signed 6 Aug 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66976

93d

91

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: *Cecil*
 County *Cecil*
 City or town *Chesapeake City*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *Life*
 Hospital, Institution, or street address where death occurred: *Cecil Ave.*
 How long in hospital or institution? *—*

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State *Maryland* County *Cecil*
 City or town *Chesapeake City*
 (If outside city or town limits, write RURAL and give nearest town)

Street No. *Cecil Ave.*
 (If rural, give LOCATION)

2.(a) If veteran, name war *—*

3. (a) FULL NAME *Edward H. Walker*

4. Sex <i>Male</i>	5. Color or race <i>white</i>	6.(a) Single, married, widowed, or divorced <i>married</i>
6.(b) Name of husband or wife <i>Florence Walker</i>		
7. Birth date of deceased (mo., day, yr.) <i>Apr 19, 1864</i>		
8. AGE: Years <i>83</i>	Months <i>3</i>	Days <i>12</i> If less than one day
hrs. <i>—</i> min. <i>—</i>		
9. Birthplace <i>Cecil Co. Maryland</i> <small>(Town, county, and state)</small>		
10. Usual occupation <i>Boat Yard worker</i>		
11. Industry or business <i>—</i>		
FATHER	12. Name <i>James Walker</i>	
MOTHER	13. Birthplace <i>Maryland</i>	
14. Maiden name <i>Mary Scott</i>		
15. Birthplace <i>Maryland</i>		
16. Informant <i>Mrs. Florence Walker</i>		
Address <i>Chesapeake City Md</i>		
17. Burial, cremation, or removal? <i>Burial</i> Date thereof <i>Aug 3, 47</i> <small>(Burial, cremation, or removal. Which?) (month) (day) (year)</small>		
Cemetery or crematory <i>Bethel</i>		
Location <i>near Chesapeake City, Md</i>		
18. Funeral director <i>H. W. Pippin</i>		
Address <i>Elderton, Md</i>		
19. Date rec'd by registrar <i>August 7, 1947</i> <i>John P. Walker</i> <i>Registrar</i> <small>(Date rec'd by registrar) (Signature) (Title)</small>		

3. (b) Social Security Number *—*

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug 1* 1947 a. m. *12*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *—* to *—*, and that I last saw him *—* alive on *—*.

Immediate cause of death *—*

Due to *—*

Due to *—*

Other conditions *—*

(Include pregnancy within 3 months of death) *—*

Major findings of operations *—*

Date of op. *—*

Autopsy results *—*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *—* Date of *—*

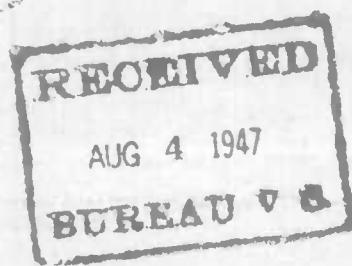
Where did injury occur? *—* (City or town) *—* (County) *—* (State) *—*

Injured at home, farm, industry, public place (where?) *—*

Means of injury *—* Injured at work *—*

23. SIGNATURE *P. C. Dodson M.D.*
Medical Examiner
County
M. D. or other

Address *—* Date signed *Aug 7, 1947*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06977

CERTIFICATE OF DEATH

47d
Reg. Dist. No. 92

1. PLACE OF DEATH:

County

Cecil

City or town

Elkton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

Tenni Hospital

How long in hospital or institution?

12 days

3. (a) FULL NAME

Charles E. Warburton

4. Sex

M. wh. Divorced

5. Color or race

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 20, 1881

6. (c) If alive, give age years

8. AGE:

Years 66 Months 7 Days 0 If less than one day hrs. min.

9. Birthplace

Elkton, Md

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

William J. Warburton

12. Name

William J. Warburton

13. Birthplace

Cecil Co., Md.

14. Maiden name

Matthew McFarland

15. Birthplace

Lancaster Co., Pa

16. Informant

Henry Warburton Sr

Address

Elkton, Md

17. Cremation

Date thereof Aug 21/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Silverbrook

Location

Wilmington, Del

18. Funeral director

H. C. Pippin

Address

Elkton, Md

19. Aug 21 1947

(Date rec'd by registrar)

J. R. Fraser

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Cecil

City or town

Elkton, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

5

Main St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 20 1947 at 2⁰⁰ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 15 1947 to Aug 20 1947

and that I last saw him alive on Aug 20 1947

Immediate cause of death

Barcinoma of lung, left

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

D. Ward H. Preedy M. D. or other

Address Elkton, Maryland Date signed Aug 20 1947

RECEIVED

AUG 25 1947

BUREAU F B



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06979

M

Bates

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: *Cecil*
County *Elkton*City or town *Elkton*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Union Hospital

How long in hospital or institution?

3. (a) FULL NAME

Andrew Bennett Wilkinson

3. (b) Social Security Number

4. Sex *M* 5. Color or race *Wh. Morid* 6. (a) Single, married, widowed, or divorced8. (b) Name of husband or wife *Corrie V. Wilkinson*7. Birth date of deceased (mo., day, yr.) *Aug. 5, 1867* 8. (c) If alive, give age years8. AGE: Years *79* Months *11* Days *25* If less than one day hrs. min.9. Birthplace *Penna* (Town, county, and state)10. Usual occupation *Store Keeper*

11. Industry or business

12. Name *Andrew Wilkinson*13. Birthplace *Pa*14. Maiden name *Sarah Murray*15. Birthplace *Phila. Pa.*16. Informant *Mrs Corrie V. Wilkinson*Address *Elkton P.D. 1 Md.*17. Burial: Date thereof *Aug 4, 1947*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Hillside Cemt.*Location *Sugahannah Rd & Rte 40 Phila. Pa.*18. Funeral director *H. Pippin*Address *Elkton, Md.*19. *August 2, 1947*
(Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State *Md.* County *Cecil*
City or town *Rural near Elkton, Md.*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *P.D. 1*
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 1, 1947 at *1:30 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1:30 A.M. to Aug. 1, 1947
and that I last saw *him* alive on *July 31, 1947*

Immediate cause of death

*Pulmonary Edema*Due to *Cerebral Hemorrhage*Due to *Cardiac arrest*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Heber Bates M.D. M. D. or other
Address *Elkton, Md.* Date signed *Aug 1, 1947*



